STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	013328	A. BUILDING: _____ B. WING _____	C 05/19/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROWN SENIOR LIVING	7960 SHADELAND AVENUE NORTH INDIANAPOLIS, IN 46250

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00171639. Complaint IN00171639- Substantiated. No deficiencies related to the allegations are cited. Survey Dates: May 19, 2015 Facility number: 013328 Provider number: NA AIM number: NA Census bed type: Residential: 46 Total: 46 Census payor type: Medicaid: 38 Other: 8 Total: 46 Sample: 3 Crown Senior Living was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00171639.	R 000		